

Personnel Actions
After Mexico City Assignment

SECRET
(When Filled In)

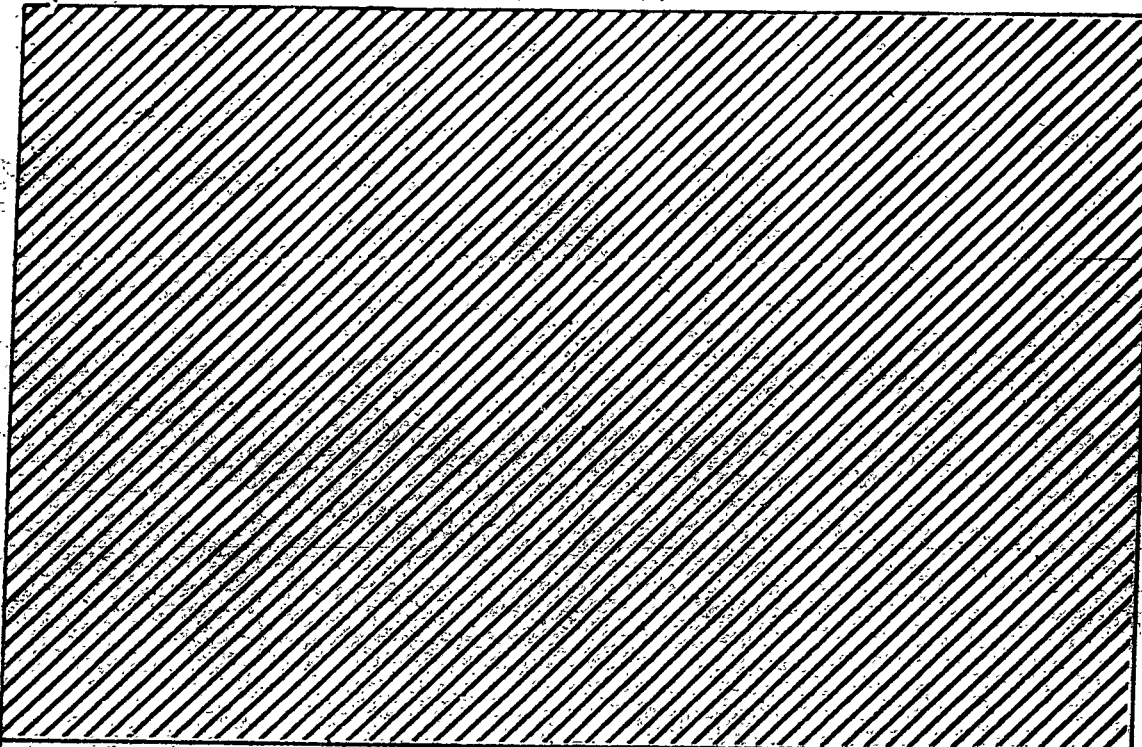
XXF REQUEST FOR PERSONNEL ACTION				DATE PREPARED 11 SEPTEMBER 1963	
1. SERIAL NUMBER 009274		2. NAME (Last-First-Middle) CHARLY F R.			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH 09 DAY 15 YEAR 63		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V XX CF TO CF		7. COST CENTER NO. CHARGE-ABLE 1135-5700-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO, MEXICO STATION CITY			10. LOCATION OF OFFICIAL STATION MEXICO, MEXICO		
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 418		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		17. SALARY OR RATE 9290	
16. GRADE AND STEP 12					
18. REMARKS FROM: DDP/WH/400/MEXICO STATION					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Recorded by CSPD <i>Lhr</i> </div>					
18a. SIGNATURE OF REQUESTING OFFICIAL <i>Robert D. Cashman</i> ROBERT D. CASHMAN, C/WH/PERS			DATE SIGNED 9/12/63		18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Dwight M. Collins</i> Dwight M. Collins
DATE SIGNED 13 Sep 63					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC 51406WH ALPHABETIC	22. STATION CODE 45075	23. INTEREST CODE 3	24. DATE OF BIRTH MO. 01 DA. 06 YR. 12
25. DATE OF LEI MO. DA. YR.	26. DATE OF DEATH MO. DA. YR.	27. DATE OF LSI MO. DA. YR.	28. SECURITY REQ. NO.		
29. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE		30. SEPARATION DATA CODE		31. CORRECTION/CANCELLATION DATA	
32. VET. PREFERENCE CODE 0 - NONE 1 - 5 yr. 2 - 10 yr.		33. SERV. COMP. DATE		34. LONG. COMP. DATE	
35. CAREER CATEGORY CODE 0 - NONE 1 - YES 2 - NO		36. FEELI / HEALTH INSURANCE CODE 0 - NONE 1 - YES		37. SOCIAL SECURITY NO.	
38. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO OPEN IN SERVICE 2 - OPEN IN SERVICE (LESS THAN 3 YRS) 3 - OPEN IN SERVICE (MORE THAN 3 YRS)		39. LEAVE CAT CODE		40. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	
41. STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO		42. STATE TAX CODE		43. STATE CODE	
44. POSITION CONTROL CERTIFICATION <i>W. Kearney</i> 9/18/63			45. C.P. APPROVAL <i>Joseph B. Ryan</i>		DATE APPROVED 17 Sep 63

SECRET
(When Filled In)

716

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 17 JULY 1963	
1. SERIAL NUMBER 009274		2. NAME (Last-First-Middle) CARTY, F R.			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 09 63		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V XX CF TO CF		7. COST CENTER NO. CHARGEABLE 4135-5700-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO, MEXICO STATION			10. LOCATION OF OFFICE STATION City MEXICO, MEXICO		
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 400		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 2	
17. SALARY OR RATE 9790		18. REMARKS FROM: DDP/FE/2120/BANGKOK STATION/OPERATIONS BRANCH Tray 27 1 COPY TO FINANCE DIVISION AND OFFICE OF SECURITY <div style="border: 1px solid black; padding: 5px; display: inline-block;">Recorded by CSPD ETP</div>			
19. ACTION CODE 37		20. EMPLOY CODE 10		21. OFFICE CODING BUREAU ALPHABETIC 64702 WH	
22. STATION CODE 45015		23. INTR OFF CODE		24. AGENCY CODE 3	
25. DATE OF BIRTH MO. DA. YR. 01 10 61		26. DATE OF DEATH MO. DA. YR.		27. DATE OF LEI MO. DA. YR.	
28. DATE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE 1 - CSC 3 - FICA 5 - NONE		30. RETIREMENT DATA CODE	
31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REG. NO.	
34. SEC. PREFERENCE CODE 0 - NONE 1 - 3 YR 2 - 10 YR		35. DEPT. COMP. DATE MO. DA. YR.		36. LONG. COMP. DATE MO. DA. YR.	
37. CAREER CATEGORY CODE 0 - CIVILIAN 1 - MILITARY		38. REG. / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES		39. SOCIAL SECURITY NO.	
40. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		41. LEAVE CAT. CODE		42. FEDERAL TAX DATA CODE 0 - NO 1 - YES	
43. STATE TAX DATA CODE 0 - NO 1 - YES		44. FEDERAL TAX DATA CODE 0 - NO 1 - YES		45. STATE TAX DATA CODE 0 - NO 1 - YES	
46. POSITION CONTROL CERTIFICATION 07/25/63		47. O.P. APPROVAL Joseph B. Ragan		48. DATE APPROVED 22 July 63	

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(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

Karty, Florian

NAME AND RELATIONSHIP OF DEPENDENT*

Wife - German

CLAIM NUMBER

63-097

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 23 Nov 62. ruptured muscles

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE
3 MAY
1963

SIGNATURE OF OSD REPRESENTATIVE

B. De Felice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

Personnel Actions
prior to Mexico City
Assignment

SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

H a n d l e W i t h C a r e

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CONFIDENTIAL

(When Filled In)

NOTICE OF CREDITABLE SERVICE

[FOR LEAVE PURPOSES]

PREPARE IN ORIGINAL FROM STANDARD FORM NO. 144 AND FORWARD TO FINANCE OFFICE.

NAME (Last, First, Middle)

OFFICE (and Division)

DDP/WH

SERVICE COMPUTATION DATE:

24 Dec 1948

2 March 1953

SIGNATURE DA

JOHN L. BISCHOFF, Chief/SCAPS

CHIEF, TRANSACTIONS AND RE. BRANCH

FORM NO. 37-157
1 MAR 54

CONFIDENTIAL

(4)

ORIGINAL Biography Profile

(sanitized version in file)

Personnel Actions After
Mexico City Assignment

WH

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
██████████ KARTY, FLORYAN R.	009274	51	700	CF GS 12 3	\$10,105	\$10,640

POSTED ON
05-40

8 JAN 1964

WH

1. Serial No. 009274		2. Name KARTY, FLORYAN R.		3. Cost Center Number 64 700 CF		4. LWOP Hours	
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date
GS 12	2	\$ 9,790	11/29/62	GS 12	3	\$10,105	11/24/63
7. TYPE ACTION							
PSI LSI ADJ.							
8. Remarks and Authorization							
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: <i>JWH</i>				DATE 7 Oct 1963			
PAY CHANGE NOTIFICATION							

DLS: 13
KX SEPT 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
NCB											
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)									
009274		KARTY, FLORIAN R.									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT						09 15 63			REGULAR		
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY		
CP TO V		X		CP TO CP		4135 5700 1000			50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION		
OPS OFFICER						0418			D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		12 2		9790			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE	
37		10		51400 WH		45075		3		01 06 12	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
01 06 12		01 06 12		01 06 12		01 06 12		01 06 12		01 06 12	
31. NIE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION/CANCELLATION DATA		36. SECURITY REQ NO.	
NO DA YR		1 CSC 2 PICA 3 NONE		CODE		CODE		CODE		CODE	
37. VET PREFERENCE		38. SERV. COMP. DATE		39. LONG COMP. DATE		40. CAREER CATEGORY		41. FEGLI / HEALTH INSURANCE		42. SOCIAL SECURITY NO.	
CODE		NO. DA YR		NO. DA YR		CODE		CODE		CODE	
0 - NONE 1 - 5 PT 2 - 10 PT		NO. DA YR		NO. DA YR		CODE		CODE		CODE	
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT.				45. FEDERAL TAX DATA			
CODE				CODE				CODE			
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				FORM EXECUTED CODE 1 - YES 2 - NO				FORM EXECUTED CODE 1 - YES 2 - NO			
46. STATE TAX DATA											
CODE											
FORM EXECUTED CODE 1 - YES 2 - NO											
FORM EXECUTED CODE 1 - YES 2 - NO											
SIGNATURE OR OTHER AUTHENTICATION											
POSTED 09/24/63 WK											

FORM 11-62 1150

Use Previous Edition

SECRET

19 SEP 1963

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

MHC: 31 JULY 63

SECRET
(When Filled In)

OGB NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 009274		2. NAME (LAST/FIRST MIDDLE) <i>KARRY, ELKYN R.</i>									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE 06 09 63		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS		7. V TO V		8. V TO CF		9. LOST LATER NO. CHARGEABLE 4135 5700 1000		10. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J			
11. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION		12. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO									
13. POSITION TITLE OPS OFFICER				14. POSITION NUMBER 0400		15. SERVICE DESIGNATION D					
16. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		17. OCCUPATIONAL SERIES 0136.01		18. GRADE AND STEP 12 2		19. SALARY OR RATE 9790					
20. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE 37		22. EMPLOY CODE 10		23. OFFICE CODING 64700 WH		24. STATION CODE 45075		25. INTEGRITY CODE 3		26. DATE OF BIRTH 01 06 12	
27. DATE OF GRADE		28. DATE OF LEE		29. NTE EXPIRES		30. SPECIAL REFERENCE		31. RETIREMENT DATA		32. SEPARATION DATA CODE	
33. SECURITY REQ NO.		34. SEX		35. VET. PREFERENCE		36. SERV. COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY	
39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
45. FORM EXECUTED		46. FORM EXECUTED		47. NO BREAK IN SERVICE		48. BREAK IN SERVICE (LESS THAN 3 YRS)		49. BREAK IN SERVICE (MORE THAN 3 YRS)		50. NO TAX EXEMPT	
51. SIGNATURE OF OTHER AUTHENTICATION											
<div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 08/02/63 <i>[Signature]</i> </div> </div>											

FORM 1150
11 42Use Previous
Edition

SECRET

31 JUL 63
JHCFORM 1150
11 42
11 42

(When Filled In)

A. Fitness Reports covering period after
Mexico City Assignment

B. Personnel Actions for period prior
to Mexico City Assignment

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
SECTION A 1. NAME (Last) (First) (Middle) [REDACTED] CAROLYN ELIZABETH				2. DATE OF BIRTH 1912			
3. SEX M				4. GRADE GS-12			
5. OFFICIAL POSITION TITLE Ops Officer				6. OFF/DIV/BR OF ASSIGNMENT DDP/WH/1			
7. CURRENT STATION Mexico City				8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> REASSIGN <input type="checkbox"/> TEMPORARY			
9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR				10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> SPECIAL (Specify) <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE			
11. DATE REPORT DUE IN O.P. December 1964				12. REPORTING PERIOD (From to) 1 Jan 1964 - 22 November 1964			
SECTION B PERFORMANCE EVALUATION							
W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.							
A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.							
P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.							
S - <u>Strong</u> Performance is characterized by exceptional proficiency.							
O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1							RATING LETTER
Case Officer for Soviet access agents.							P
SPECIFIC DUTY NO. 2							RATING LETTER
Analyst work, preparing Soviet personality reports. ✓							S
SPECIFIC DUTY NO. 3							RATING LETTER
Transcription into English of Russian technical product, and preparation of interpretative renditions of same when necessary.							O
SPECIFIC DUTY NO. 4							RATING LETTER
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
7 JAN 1965							S ✓

SECRET
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable. As explained in the previous fitness report, Subject was assigned to the Station for the purpose of taking charge of the Station's joint telephone tap center, a position for which he was and is eminently qualified by reason of extensive experience and outstanding language qualifications. However, this position did not materialize because of circumstances beyond the control of Subject and the Station.</p> <p>It was therefore subsequently decided to train Subject locally, and have him gradually assume case officer and analyst responsibilities in certain simpler aspects of the Station's Soviet program.</p> <p>Given the circumstances that Subject had not had prior case officer or analytical experience (or even any substantial past exposure to operations to give him vicarious experience) he progressed more than adequately in absorbing the training offered, in assuming responsibility for two Soviet operations and in the preparation of analytical studies on the Soviet complement. Given the further circumstances that the Station did not have the time to train him more than superficially, and that the operations he handled were basically uncomplicated, it must be stated that Subject cannot now be considered to be a case officer.</p> <p>This conscientious and intelligent officer has high interest and enthusiasm for operations, but it is believed that his forte and future lies in the management of technical operations. This has been recognized also by Headquarters in the assignment presently planned for him.</p> <p>As a staff agent under tourist cover, he and his family adapted themselves remarkably well to the deep cover situation and to all other environmental factors.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
23 November 1964	[REDACTED]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
23 November 1964	Ops Officer	a/ Herbert Manell	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
23 November 1964	COS	a/ Winston K. Scott	

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL				009274	
1. NAME (Last) (First) (Middle) PARIN, LLOYD R.		2. DATE OF BIRTH 6 Jan 1912	3. SEX M	4. GRADE GS-12	5. SD D
6. OFFICIAL POSITION TITLE Operations Officer		7. OFF/DIV/BR OF ASSIGNMENT DDP WH 3	8. CURRENT STATION Mexico City		
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):		<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 28 February 1964		12. REPORTING PERIOD (From - to) 6 August 1963 - 31 December 1963			
SECTION B PERFORMANCE EVALUATION					
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Translation of Russian and Spanish materials.					RATING LETTER S
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S
14 FEB 1964					

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS		OFFICE OF
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>				
<p>From the time of Subject's arrival in Mexico and through all December 1963, he was utilized principally in translation work and was held on tap for the position of heading up the Station's joint telephone tap center. Circumstances beyond the control of the Station and Subject are responsible for the fact that the incumbent in charge of the center will continue these duties and Subject will be given other responsibilities.</p> <p>Primarily, Subject will be trained to handle analyst and case officer responsibilities in the Soviet field. The level and range of the responsibilities will depend on the progress Subject makes in handling these duties in a manner satisfactory to the Station.</p> <p>Subject is most conscientious and effective in every assignment given him to date, and the Station is extremely pleased to have him available as an outside Station asset. He is enthusiastic about all his work, including certain part-time routine and arduous duties, and he looks forward with confidence to the prospect of becoming a case officer. Although it is premature to state positively that Subject will succeed as a case officer, the supervisor believes that Subject will undoubtedly progress adequately.</p> <p>Subject and his family have acclimated themselves excellently to the deep cover situation, faster than most of the Station's other staff agents, and certainly with fewer problems and requests for guidance from the Station's staff.</p>				
SECTION D				
CERTIFICATION AND COMMENTS				
1. BY EMPLOYEE				
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT				
DATE	SIGNATURE OF EMPLOYEE			
29 January 1964	[Signature]			
2. BY SUPERVISOR				
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE		
29 January 1964	Operations Officer	/S/ Herbert Lincell		
3. BY REVIEWING OFFICIAL				
COMMENTS OF REVIEWING OFFICIAL				
[Blank space for comments]				
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE		
29 January 1964	Chief of Station	/S/ Winston M. Scott		

SECRET

Pre 1961 Fitness Reports
and other personnel
documents